

57362

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001532**

<b>GENERATOR</b> (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility		SFUND RECORDS CTR 999000890
② Name <b>ALUMINUM COMPANY OF AMERICA</b> <b>VERNON WORKS</b>		Name <b>OPERATING INDUSTRIES, INC.</b>		Name <b>CHEMICAL WASTE MANAGEMENT INC.</b>		
EPA NO. <b>C A D 0 7 4 1 2 6 6 8 1</b>		EPA NO. <b>C A D 0 8 0 0 1 2 0 2 4</b>		EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b>		
Address <b>5151 Alcoa Ave.</b> Phone No. <b>588-6141</b>		Address <b>900 N. Potrero Grande, Dr.</b>		Address <b>P.O. Box 1104, 430 W. Elm Ave.</b>		
City, State, Zip <b>Vernon, Ca. 90058</b>		City, State, Zip <b>Monterey Park, Ca.</b>		City, State, Zip <b>Coalinga, Ca. 93210</b>		

⑤ U.S. DOT PROPER SHIPPING NAME		U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:	
WASTE						TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS	
WASTE						<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK	
						<input type="checkbox"/> OTHER	

⑥ WASTE CATEGORY **#7** ⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑧ GENERATING PROCESS **Aluminum Fabrication**

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **Aluminum Oxides & Water**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other \_\_\_\_\_

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ \_\_\_\_\_  
Signature of Authorized Agent and Title

**4-10-81**  
Date Shipped

<b>TRANSPORTER</b> (HAULER MUST COMPLETE)		⑮ PICK-UP DATE <b>4/10/81</b>	
⑭ NAME <b>ASBURY OIL CO.</b>		TIME <b>9:30</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. <b>C A D 0 2 8 2 7 7 0 3 6</b>		<b>4/10/81</b> Date	
ADDRESS <b>13419 Halldale Avenue</b> PHONE NO. <b>(213) 321-1392</b>			
CITY, STATE, ZIP <b>Gardena, California 90249</b>		⑯ _____ Signature of Authorized Agent and Title	

<b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE)		⑰ NAME <b>OPERATING IND. INC.</b>		⑱ QUANTITY (If Measured) _____	
EPA NO. <b>C A T 0 0 0 6 4 6 1 1 7</b>		⑲ STATE FEE (If Any) _____			
PHONE NO. _____					
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____				㉑ HANDLING OR DISPOSAL METHOD:	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY _____				<input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill	
㉒ NAME _____				<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
EPA NO. _____				<input type="checkbox"/> Treatment (Specify) _____	
				<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
㉓ _____ Signature of Authorized Agent and Title				<b>4-10-81</b> Date Accepted	

ORIGINAL